



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000800001

CITY OR TOWN ACUSHNET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ARMAND'S OF SOUTHEASTERN MASS, INC.

DOING BUSINESS AS BLUE POINT RESTAURANT

ADDRESS 6 DAYTON ST

CITY/TOWN: ACUSHNET

STATE: MA

ZIP CODE: 02743

MANAGER: RICCARDI, DAVID TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 ROOMS CONSISTING OF KITCHEN, DINING ROOM WITH A SERVICE BAR AND STORAGE ROOM FOR STOCK AND NO BASEMENT, IN A ONE STORY BLDG SITUATED ON THE NORTH SIDE OF DAYTON ST AND NUMBERED 6 DAYTON ST, ACUSHNET.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000800002

CITY OR TOWN ACUSHNET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ACUSHNET POST #265 AMER.LEG.DEPT.OF MA.INC.

DOING BUSINESS A

ADDRESS 71 HOPE ST

CITY/TOWN: ACUSHNET

STATE: MA

ZIP CODE: 02743

MANAGER: DEMARS, LIONEL TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTIRE FIRST FLOOR OF A ONE STORY BUILDING AT 71 HOPE ST, ACUSHNET.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000800006

CITY OR TOWN ACUSHNET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RASCALS INC.

DOING BUSINESS AS BLUE LANTERN CAFE

ADDRESS 605 MAIN STREET

CITY/TOWN: ACUSHNET

STATE: MA

ZIP CODE: 02743

MANAGER: HIPOLITO, PAUL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ADDITION OF 1 ROOM ON SECOND FLR WITH STOCK ON 2ND FLOOR AND ALSO 1 ROOM, KITCHEN AND STOCK ROOM ON THE FIRST FLOOR OF A 2 STORY BLDG.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000800007

CITY OR TOWN ACUSHNET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PONDEROSA

DOING BUSINESS AS PONDEROSA

ADDRESS 242 ROBINSON RD

CITY/TOWN: ACUSHNET

STATE: MA

ZIP CODE: 02743

MANAGER: KOCZERA,
STEVEN H

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR AND THREE ROOMS, MAIN HALL AND KITCHEN WITH STORAGE IN ATTIC AT
PREMISES SITUATED ON SOUTH SIDE OF ROBINSON RD.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000800008

CITY OR TOWN ACUSHNET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THOMAS E.TUTTLE POST #7239 V.F.W.OF U.S. INC.

DOING BUSINESS A

ADDRESS 28 ROOSEVELT ST

CITY/TOWN: ACUSHNET

STATE: MA

ZIP CODE: 02743

MANAGER: PACHECO,
RICHARD A.

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTIRE FIRST FLOOR AND CELLAR OF A ONE STORY BUILDING LOCATED AT 28 ROOSEVELT ST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000800009

CITY OR TOWN ACUSHNET

APPLICATION FOR RENEWAL:

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LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JT'S PUB, INC

DOING BUSINESS AS

ADDRESS 77 SLOCUM ST

CITY/TOWN: ACUSHNET

STATE: MA

ZIP CODE: 02743

MANAGER: TAYLOR,
ROBERT F.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS & KITCHEN ON THE FIRST FLOOR OF A TWO STORY BUILDING WITH STOCK IN THE CELLAR AT PREMISES SITUATED ON THE NORTH SIDE OF SLOCUM STREET.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000800010

CITY OR TOWN ACUSHNET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CENTURY HOUSE INC.

DOING BUSINESS AS

ADDRESS 107 SO. MAIN ST

CITY/TOWN: ACUSHNET

STATE: MA

ZIP CODE: 02743

MANAGER: GOULART,
MANUEL A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE ENTIRE FIRST FLOOR OF A TWO STORY BLDG SITUATED ON THE WEST SIDE OF
SOUTH MAIN ST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LICENSE NUMBER: 000800012

CITY OR TOWN ACUSHNET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: M.S. DE SILVA, INC.

DOING BUSINESS AS RIVER'S END CAFE

ADDRESS 7.5 TARKILN HILL RD

CITY/TOWN: ACUSHNET

STATE: MA

ZIP CODE: 02743

MANAGER: DESILVA, SUSAN J. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM TO INCLUDE LOUNGE AND KITCHEN AREA. CELLAR FOR STORAGE.
ADDITIONAL PLAYROOM 14X13 WITH REAR EXIT; STORAGE CELLAR WITH SEPARATE
OUTSIDE ENTRANCE AND INTERNAL DOOR TO CELLAR. NEW ADDRESS TO 7 1/2 TARKILN
HILL RD.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000800014

CITY OR TOWN ACUSHNET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KEDAR VARIETY, INC

DOING BUSINESS AS JASON'S VARIETY

ADDRESS 270 MAIN STREET

CITY/TOWN: ACUSHNET

STATE: MA

ZIP CODE: 02743

MANAGER: PATEL, RAMESH

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS ON THE FIRST FLOOR OF A ONE STORY BLDG WITH STOCK IN REAR ROOM AT PREMISES SITUATED ON THE EAST SIDE OF MAIN ST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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By:

DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000800015

CITY OR TOWN ACUSHNET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHIT-CHAT, INC

DOING BUSINESS AS SCUTTLEBUTTS

ADDRESS 590 MAIN STREET

CITY/TOWN: ACUSHNET

STATE: MA

ZIP CODE: 02743

MANAGER: HATHAWAY,
GARY JR

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS ON THE FIRST FLOOR OF A ONE STORY BLDG WITH STOCK IN REAR AT
PREMISES ON THE EAST SIDE OF MAIN ST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000800016

CITY OR TOWN ACUSHNET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GONCALVES BEVERAGES, INC.

DOING BUSINESS A TOWN LIQUORS-ACUSHNET

ADDRESS 1 MIDDLE ROAD

CITY/TOWN: ACUSHNET

STATE: MA

ZIP CODE: 02743

MANAGER: GONCALVES,
MANUEL E

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS WITH STOCK IN CELLAR, NEW ADDITION TO INCLUDE 19 X 33 EXTENSION
TO INCLUDE THE ENLARGEMENT OF DISPLAY ROOM (WITH COOLER) 19 X 20 W/ 19 X 13
STORAGE ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000800018

CITY OR TOWN ACUSHNET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BONVILLE ALFRED

DOING BUSINESS AS BONVILLES MARKET

ADDRESS 142 SO MAIN STREET

CITY/TOWN: ACUSHNET

STATE: MA

ZIP CODE: 02743

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM ON FIRST FLOOR OF A ONE STORY BLDG WITH STORAGE IN THE CELLAR
SITUATED ON THE EAST SIDE OF SOUTH MAIN ST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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By:

DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000800019

CITY OR TOWN ACUSHNET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COELHO LIQUORS, INC.

DOING BUSINESS AS

ADDRESS 172 SOUTH MAIN STREET

CITY/TOWN: ACUSHNET

STATE: MA

ZIP CODE: 02743

MANAGER: COELHO, ANGELA TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4 ROOMS ON THE FIRST FLOOR OF A TWO STORY BLDG SITUATED ON THE EAST SIDE OF SOUTH MAIN ST.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000800024

CITY OR TOWN ACUSHNET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: J J Enterprises Group

DOING BUSINESS AS

ADDRESS 162 SOUTH MAIN ST

CITY/TOWN: ACUSHNET

STATE: MA

ZIP CODE: 02743

MANAGER: MARMELO, Jose

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM AND KITCHEN ON THE FIRST FLOOR OF A TWO STORY BLDG WITH STOCK IN CELLAR

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000800027

CITY OR TOWN ACUSHNET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TOWN OF ACUSHNET

DOING BUSINESS AS ACUSHNET RIVER VALLEY GOLF COURSE

ADDRESS 685 MAIN ST

CITY/TOWN: ACUSHNET

STATE: MA

ZIP CODE: 02743

MANAGER: PRZYBYSZEWSKI, TYPE OF LICENSE: Restaurant
DANA

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM AND KITCHEN ON THE FIRST FLOOR OF A ONE STORY BLDG WITH STOCK IN THE STORAGE ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000800029

CITY OR TOWN ACUSHNET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KAM CUISINE CORPORATION

DOING BUSINESS AS KAM'S CUISINE RESTAURANT

ADDRESS 132 SOUTH MAIN ST

CITY/TOWN: ACUSHNET

STATE: MA

ZIP CODE: 02743

MANAGER: LI, EN FEN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO DINING ROOMS IN THE FRONT WITH TWO ENTRANCES AND TWO EXITS. KITCHEN IS IN THE BACK WITH TWO EXITS. ONE FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:
